

State: Kentucky

Citation

7.4 State Governor's Review

42 CFR 430.12(b)

The Medicaid Agency will provide opportunity for the Office of Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare and Medicaid Services with such documents.

- ☒ Not Applicable. The Governor-
- ☒ Does not wish to review any plan material.
- ☐ Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

Department for Medicaid Services

(Designated Single State Agency)

Date: January 16, 2005

\_\_\_\_\_  
(Signature)

Shannon Turner, Commissioner  
Department for Medicaid Services  
(Title)

TN#: 05-003  
Supersedes  
TN#: 04-002

Approval Date: \_\_\_\_\_

Effective Date: 01/16/05